

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155596		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2013	
NAME OF PROVIDER OR SUPPLIER LAKELAND SKILLED NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 500 N WILLIAMS ST ANGOLA, IN 46703			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code and Environmental Preoccupancy Survey for the follow up to IN00130483 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/14/13</p> <p>Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist and Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Lakeland Skilled Nursing and Rehabilitation was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and with 410 IAC 16.2-3,1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities. The original building consisting of the 200 and 300 halls as well as the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story addition was determined to be of Type V (111) construction and was fully sprinklered. The addition has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridors and in all of the resident rooms. The facility has a capacity of 75</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 and had a census of 0 at the time of this survey. All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/18/13.	K 000			
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K 000	<p>Continued From page 2</p> <p>addition of the 400 hall was surveyed with Chapter 18, New Health Care Occupancies</p> <p>This one story addition was determined to be of Type V (111) construction and was fully sprinklered. The addition has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridors and in all of the resident rooms. The facility has a capacity of 75 and had a census of 0 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p>	K 000			